



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RBWST13045**  
**Job Sheet 174816**



Part No: RBWST13045

Job Qty: 4 ea

Part Name: Nitrogen Tire Inflator



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/22/18

Job Tracking No:

Due Date: 5/21/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBWST13045 Rev 3 IPP Rev A 18.02.12 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 90    | Start up Operation | 4 Ea  |            | 5/19/18  | 0.00      | 0.00    | Start Up Small Fab-4  |           | MLC            |
| 100   | Small Fab          | 4 pcs |            | 5/21/18  | 0.25      | 0.67    | Small Fab-9           |           | MLC DAS        |
| 110   | QC                 | 4 pcs |            | 5/21/18  | 0.00      | 0.00    | QC5                   |           | 38             |
| 130   | Packaging          | 4 pcs |            | 5/21/18  | 0.00      | 0.00    | Packaging3-2          |           | 18-05-16 GA096 |
| 140   | QC21-FG            | 4 Ea  |            | 5/21/18  | 0.00      | 0.00    | QC21                  |           | 18/05/17       |

Part Op 100 - 1-Assemble as per DWG sheet 1 2-Orient -1 as shown  
Descriptions: 130 - Identify and Stock

DAS  
21  
9-08

MAY 17 2018

### Job BOM

| Part / Item | Component Name                                  | Quantity    | Operation             | Container            |
|-------------|-------------------------------------------------|-------------|-----------------------|----------------------|
| #25 BOOT    | Boot Cover For 2 1/2" Gauge 100                 | 4 (1 ea)    | 90-Start up Operation |                      |
| 4M3K        | Hose 18" Oal WMP & MPX 86                       | 6 Ea (1 ea) | 90-Start up Operation | 5054661 + 5058479    |
| 50695K162   | Zinc Plated Fitting 1/4 NPT x 1/16-20 JIC 44    | 4 Ea (1 ea) | 90-Start up Operation | 5058039 3K - 5048572 |
| 5232T243    | Standard Tee 1/4 NPT GA                         | 4 Ea (1 ea) | 90-Start up Operation | 5055037              |
| 5232T313    | COUPLING 1/4 NPT TO 1/8 NPT GA                  | 4 Ea (1 ea) | 90-Start up Operation | 5055039              |
| 5232T316    | Hex Nipple 1/4 NPT TO 1/4 NPT GA                | 4 Ea (1 ea) | 90-Start up Operation | 5055036              |
| 5274T73     | Polypropylene Vial 4a                           | 4 Ea (1 ea) | 90-Start up Operation | 5055042              |
| 6050T14     | Zinc Plated Fitting 1/4 NPTF x 1/4 Plug GA      | 4 Ea (1 ea) | 90-Start up Operation | 5055040              |
| 6852K11     | Squeeze Grip Valve 48                           | 4 Ea (1 ea) | 90-Start up Operation | 5058035              |
| 8028        | Schrader Valve 22                               | 4 (1 ea)    | 90-Start up Operation | 5061533              |
| 8063K37     | BRASS VALVE 1/4 NPT MALE x SCHRDER AIR VALVE 48 | 4 Ea (1 ea) | 90-Start up Operation | 5055041              |
| AMF556      | Bleeder 32                                      | 4 Ea (1 ea) | 90-Start up Operation | 5063343              |
| PFQ807      | RBWST13045-7                                    | 4 (1 ea)    | 90-Start up Operation | 5054660              |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | #25 BOOT       | 4        | 0         | 0         |
|                       | 4M3K           | 6        | 0         | 0         |
|                       | 50695K162      | 4        | 1         | 0         |
|                       | 5232T243       | 4        | 1         | 0         |
|                       | 5232T313       | 4        | 1         | 0         |
|                       | 5232T316       | 4        | 1         | 0         |
|                       | 5274T73        | 4        | 5         | 0         |
|                       | 6050T14        | 4        | 1         | 0         |
|                       | 6852K11        | 4        | 1         | 0         |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Forming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                 |                                           |                                           |                                                                                                                                                                                                                                                             | Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                    | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Water Jet <input type="checkbox"/>            | Engineering <input type="checkbox"/>      | Machining <input type="checkbox"/>      | Small Fab <input type="checkbox"/>          | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>              | Forming <input type="checkbox"/>    | Finishing <input type="checkbox"/>      | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>             | Fab <input type="checkbox"/>             | Composite <input type="checkbox"/>    | Supplier <input type="checkbox"/> |                                                |                                           |                                 |                                       |                                  |                                                |                                           |
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| Description Work Order No. _____<br><br><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <br/>           Container No: S071559<br/>           Part: RBWST13045<br/>           Job No: 174816<br/>           Serial No/Batch: S071559<br/>           Revision: 3<br/>           Inspector: _____<br/>           Date: 05/15/16<br/>           Unit Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           New Brunswick, ON K8A 1K7<br/>           Tel: 613 632-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaerospace.com         </div>                                                                                                                                                                                                                                                                                                                                                                                                      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| <table style="width:100%;"> <tr> <td style="width:33%;"> <b>Environment</b><br/>         Design _____<br/>         Doc/Data _____<br/>         Equip/Tooling _____<br/>         Handling/Pre _____<br/>         Material _____<br/>         Internal Transport _____<br/>         Tribal Knowledge _____<br/>         LOA _____<br/>         Substation _____<br/>         Past Expiry Date _____<br/>         Misidentified _____       </td> <td style="width:33%;"> <b>Process</b><br/>         Marks/Chatter _____<br/>         Twist in Tube _____<br/>         Drift _____<br/>         Broken/Damage/Defect _____<br/>         Inspection Incomplete/Unqualified _____<br/>         Contamination _____<br/>         Countersink _____<br/>         Cut Too Short _____<br/>         Instructions Incomplete/Unclear _____<br/>         Drill Holes _____       </td> <td style="width:33%;"> <b>CATEGORY</b><br/> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td><input type="checkbox"/> Grain</td> <td><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Part Moved</td> </tr> <tr> <td><input type="checkbox"/> Off-set</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Turning Sequence</td> </tr> 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| <b>Environment</b><br>Design _____<br>Doc/Data _____<br>Equip/Tooling _____<br>Handling/Pre _____<br>Material _____<br>Internal Transport _____<br>Tribal Knowledge _____<br>LOA _____<br>Substation _____<br>Past Expiry Date _____<br>Misidentified _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Part Lost/Missing                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Part Moved                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Drawing                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Finish                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Misread                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Turning Sequence                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 8028    | 4 | 0 | 0 |
| 8063K37 | 4 | 1 | 0 |
| AMF556  | 4 | 2 | 0 |
| PFQ807  | 4 | 0 | 0 |

### Part Specifications

Specifications could not be found.

Plex 3/22/18 8:13 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |